

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031794**
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
	1	1	1	1	1	1				
2	1	1	1	1	1	1	51	1	1	1
3	1	1	1	1	1	1	52	1	1	1
4	1	1	1	1	1	1	53	1	1	1
5	1	1	1	1	1	1	54	1	1	1
6	1	1	1	1	1	1	55	1	1	1
7	1	1	1	1	1	1	56	1	1	1
8	1	1	1	1	1	1	57	1	1	1
9	1	1	1	1	1	1	58	1	1	1
10	1	1	1	1	1	1	59	1	1	1
11	1	1	1	1	1	1	60	1	1	1
12	1	1	1	1	1	1	61	1	1	1
13	1	1	1	1	1	1	62	1	1	1
14	1	1	1	1	1	1	63	1	1	1
15	1	1	1	1	1	1	64	1	1	1
16	1	1	1	1	1	1	65	1	1	1
17	1	1	1	1	1	1	66	1	1	1
18	1	1	1	1	1	1	67	1	1	1
19	1	1	1	1	1	1	68	1	1	1
20	1	1	1	1	1	1	69	1	1	1
21	1	1	1	1	1	1	70	1	1	1
22	1	1	1	1	1	1	71	1	1	1
23	1	1	1	1	1	1	72	1	1	1
24	1	1	1	1	1	1	73	1	1	1
25	1	1	1	1	1	1	74	1	1	1
26	1	1	1	1	1	1	75	1	1	1
27	1	1	1	1	1	1	76	1	1	1
28	1	1	1	1	1	1	77	1	1	1
29	1	1	1	1	1	1	78	1	1	1
30	1	1	1	1	1	1	79	1	1	1
31	1	1	1	1	1	1	80	1	1	1
32	1	1	1	1	1	1	81	1	1	1
33	1	1	1	1	1	1	82	1	1	1
34	1	1	1	1	1	1	83	1	1	1
35	1	1	1	1	1	1	84	1	1	1
36	1	1	1	1	1	1	85	1	1	1
37	1	1	1	1	1	1	86	1	1	1
38	1	1	1	1	1	1	87	1	1	1
39	1	1	1	1	1	1	88	1	1	1
40	1	1	1	1	1	1	89	1	1	1
41	1	1	1	1	1	1	90	1	1	1
42	1	1	1	1	1	1	91	1	1	1
43	1	1	1	1	1	1	92	1	1	1
44	1	1	1	1	1	1	93	1	1	1
45	1	1	1	1	1	1	94	1	1	1
46	1	1	1	1	1	1	95	1	1	1
47	1	1	1	1	1	1	96	1	1	1
48	1	1	1	1	1	1	97	1	1	1
49	1	1	1	1	1	1	98	1	1	1
50	1	1	1	1	1	1	99	1	1	1
51	1	1	1	1	1	1	100	1	1	1
TOTAL IND.	1	1	1	1	1	1	TOTAL IND.	4	1	1
TOTAL DEP.	1	1	1	1	1	1	TOTAL DEP.	63	1	1
TOTAL CLAIMS	1	1	1	1	1	1	TOTAL CLAIMS	67	1	1

BEST AVAILABLE COPY